

1049

| PLACE OF BIRTH | | ARIZONA STATE BOARD OF HEALTH | |
|--|---|--|----------------------|
| 1. County of | <u>Gila</u> | BUREAU OF VITAL STATISTICS | |
| District of | | State Index No. <u>166</u> | |
| Town of | <u>miami</u> | County Registrar No. <u>526</u> | |
| or | | Local Registrar No. _____ | |
| City of | | No. <u>18 Davis Canyon</u> | St. _____ Ward _____ |
| | | (If birth occurred in a hospital or institution, give its NAME instead of street and number) | |
| 2. Full name of child | <u>Jacinto Gonzales</u> | If child is not yet named, make supplemental report, as directed. | |
| 3. Sex of Child | <u>male</u> | 4. Twin, triplet or other | 6. Legitimate? |
| To be answered ONLY in event of plural births. | | 5. No., in order of birth | <u>yes</u> |
| | | 7. Date of birth <u>August 17, 1923</u> | |
| | | Month Day Year | |
| 8. FATHER | 14. MOTHER | | |
| Full name <u>Valdomero Gonzales</u> | Full maiden name <u>Petra Garcia</u> | | |
| 9. Residence (Usual place of abode) <u>miami, Ariz.</u> | 15. Residence (Usual place of abode) <u>miami, Ariz.</u> | | |
| If nonresident, give place and state | If nonresident, give place and state | | |
| 10. Color or race <u>mexican</u> | 16. Color or race <u>mexican</u> | | |
| 11. Age at last birthday <u>29</u> (Years) | 17. Age at last birthday <u>27</u> (Years) | | |
| 12. Birthplace (city or place) <u>mexico</u> | 18. Birthplace (city or place) <u>mexico</u> | | |
| (State or country) | (State or country) | | |
| 13. Occupation <u>matorman helper</u> | 19. Occupation <u>housewife</u> | | |
| Nature of industry <u>Copper mine</u> | Nature of industry | | |
| 20. Number of children of this mother | 21. Were precautions taken against ophthalmia neonatorum? | | |
| (Taken as of time of birth of child herein certified and including this child.) | <u>yes</u> | | |
| (a) Born alive and now living | | | |
| (b) Born alive but now dead | | | |
| (c) Stillborn | | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | | | |
| I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10:30 P.</u> on the date above stated. | | | |
| (Born alive or stillborn) | | | |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. | | Signature <u>P. G. Zwick</u> | |
| | | (Physician or midwife) | |
| Given name added from supplemental report | | Address <u>miami, Ariz.</u> | |
| Month, day, year. | | Filed <u>Aug 31</u> , 19 <u>23</u> | |
| Registrar. | | Filed <u>Sep 1</u> , 19 <u>23</u> | |
| | | Local Registrar. | |
| | | County Registrar. | |

172-817-771